

The Public Records (Scotland) Act 2011

NHS Tayside

Progress Update Review (PUR) Report by the PRSA Assessment Team

6 May 2022

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1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor recordkeeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Progress Update Review (PUR) Mechanism

Under section 5(1) & (2) of the Act the Keeper may only require a review of an authority's agreed RMP to be undertaken not earlier than five years after the date on which the authority's RMP was last agreed. Regardless of whether an authority has successfully achieved its goals identified in its RMP or continues to work towards them, the minimum period of five years before the Keeper can require a review of a RMP does not allow for continuous progress to be captured and recognised.

The success of the Act to date is attributable to a large degree to meaningful communication between the Keeper, the Assessment Team, and named public authorities. Consultation with Key Contacts has highlighted the desirability of a mechanism to facilitate regular, constructive dialogue between stakeholders and the Assessment Team. Many authorities have themselves recognised that such regular communication is necessary to keep their agreed plans up to date following inevitable organisational change. Following meetings between authorities and the Assessment Team, a reporting mechanism through which progress and local initiatives can be acknowledged and reviewed by the Assessment Team was proposed. Key Contacts have expressed the hope that through submission of regular updates, the momentum generated by the Act can continue to be sustained at all levels within authorities.

The PUR self-assessment review mechanism was developed in collaboration with stakeholders and was formally announced in the Keeper's Annual Report published on 12 August 2016. The completion of the PUR process enables authorities to be credited for the progress they are effecting and to receive constructive advice concerning on-going developments. Engaging with this mechanism will not only maintain the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but will also help authorities comply with their statutory obligation under section 5(1)(a) of the Act to keep their RMP under review.

3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for NHS Tayside. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

Tayside Health Board was established in April 1974 and is responsible for commissioning health care services for the residents in the geographical local government areas of Angus, Dundee and Perth and Kinross. The Board's boundaries are coterminous with these local government areas, which had a combined population of 405,721 based on mid-year 2011 population estimates.

NHS Tayside's governance includes a total of 22 major and community hospitals, including the University of Dundee's Medical School attached to the regions flagship institute, Ninewells Hospital in Dundee. It also includes over 75 GP surgeries and a variety of health centres staffed by over 30,000 employees of the health region.

<http://www.nhstayside.scot.nhs.uk/index.htm>

5. Assessment Process

A PUR submission is evaluated by the Act's Assessment Team. The self-assessment process invites authorities to complete a template and send it to the Assessment Team one year after the date of agreement of its RMP and every year thereafter. The self-assessment template highlights where an authority's plan achieved agreement on an improvement basis and invites updates under those 'Amber' elements. However, it also provides an opportunity for authorities not simply to report on progress against improvements, but to comment on any new initiatives, highlight innovations, or record changes to existing arrangements under those elements that had attracted an initial 'Green' score in their original RMP submission.

The assessment report considers statements made by an authority under the elements of its agreed Plan that included improvement models. It reflects any changes and/or progress made towards achieving full compliance in those areas where agreement under improvement was made in the Keeper's Assessment Report of their RMP. The PUR assessment report also considers statements of further progress made in elements already compliant under the Act.

Engagement with the PUR mechanism for assessment cannot alter the Keeper's Assessment Report of an authority's agreed RMP or any RAG assessment within it. Instead the PUR Final Report records the Assessment Team's evaluation of the submission and its opinion on the progress being made by the authority since agreeing its RMP. The team's assessment provides an informal indication of what marking an authority could expect should it submit a revised RMP to the Keeper under the Act, although such assessment is made without prejudice to the Keeper's right to adopt a different marking at that stage.

Key:

G	The Assessment Team agrees this element of an authority's plan.	A	The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.	R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.
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6. Progress Update Review (PUR) Template: NHS Tayside

Element	Status of elements under agreed Plan 03OCT16	Progress status 08JUN21	Progress status 06MAY22	Keeper's Report Comments on Authority's Plan 03OCT16	Self-assessment Update 17JAN20	Progress Review Comment 08JUN21	Self-assessment Update as submitted by the Authority since 08JUN21	Progress Review Comment 06MAY22
1. Senior Officer	G	G	G	Update required on any change.	No Change.	Update required on any change.	No Change.	Update required on any change.
2. Records Manager	G	G	G	Update required on any change.	No Change.	Update required on any change.	No Change.	Update required on any change.
3. Policy	G	G	G	Update required on any change.	NHS Tayside has reviewed and updated all its Records Management Policies in line with the new national NHS Scotland Records Management Guidance. All these updated policies are available to view on our public facing website. https://www.nhstayside.scot.nhs.uk/WorkingWithUs/NHSTaysidePolicies/index.htm	The Assessment Team thank NHS Tayside (NHST) for this update. It is clear that regular review and updates to information governance policies and procedures continue to be carried out. In addition, access to these policies continues to be provided on the authority's public website.	No Change.	Update required on any change.
4. Business Classification	A	A	A	NHS Tayside are currently engaged in a project to create local service area business classification schemes which will then feed into the DocStore document management system. This key programme for the Corporate Records Compliance Group will allow for a more centralised and efficient approach to records management and will be fundamental to future records management provision in the authority. The Keeper commends this work, particularly the involvement of local service "champions" and requests that he is kept updated as work on this project continues. The authority is also creating an Information Asset Register (IAR) in order to clarify ownership of information assets and to link record types with the retention schedule. The Keeper asks that he is provided with a copy of the finalised IAR when available. NHS Tayside will roll-out staff training on the new Business Classification Scheme when appropriate. The	Work has progressed with building an Information Asset Register. A robust process for chase and review is in place for assets registered based upon the risk allocated to each one. Work does need to continue around engaging with IAO's in areas with a low submission of assets. This work had progressed late Summer 2020 but was stalled due to the second wave of Covid affecting IAO's being available for engagement. We plan to continue this work again as soon as possible. As at 31 March, NHS Tayside has 125 assets registered.	Progress is evident with the ongoing development of an IAR and notification of the number of assets registered increasing from 71 to 125. It is understandable that input from IAOs has been disrupted by the Covid-19 pandemic and we look forward to further updates in future PUR submissions. While this work is ongoing this element will remain Amber.	This element has not progressed as well as had hoped. This is due both to resourcing challenges within the IG Team and the NHS System delivering a response to Covid which has seen a reduction in the ability to have meaningful engagement with services to enable this to be driven forward. We now have a new member of the team in post who will be supporting the further roll out of the IAR into the organisation once it is better placed to engage. As at 31 January 2022, NHS Tayside has 132 assets registered.	It is understandable that progress has been disrupted by the Covid-19 pandemic. The resourcing challenges within the Information Governance Team are also regrettable. However, gradual progress is evident through the appointment of a staff member tasked with the roll-out of the organisation's Information Asset register. This element will remain at Amber while this work is ongoing. We look forward to being updated on progress in consecutive PURs.

				<p>Keeper welcomes this commitment and would be interested in hearing news of the development of this training.</p> <p>The Keeper agrees this element of NHS Tayside's Records Management Plan under 'improvement model' terms. This means that an authority has identified a gap in their records management provision (in this case business classification schemes and information asset register are not fully functional across the Board) and has put processes in place to close that gap. The Keeper's agreement is conditional on him being updated as the project progresses.</p>				
5. Retention Schedule	G	G	G	Update required on any change.	As the NHS Scotland Framework for records management was updated, all local policies have been reviewed and updated in line with the new guidance, this included the records retention policy. As well as updating the policy, a 'vital signs' all staff newsletter was issued advising of the new policy and highlighting major changes to some records types. This was also backed up with an email to information asset owners in the relevant areas.	The Assessment Team welcome confirmation of review and updates of the records retention policy to reflect the updated NHS Scotland Framework for records management. The updated Retention Schedules Non-Clinical/Administrative Records (version 5.0, January 2021), which reflects the Scottish Government Records Management: Health and Social Care Code of Practice (Scotland) 2020, is available to view on the NHST public website (see element 3).	No Change.	Update required on any change.
6. Destruction Arrangements	A	A	A	<p>NHS Tayside recognises the challenge of destroying electronic records held in shard drives as this process must be done manually. It is anticipated that the programme of work to transfer all such records onto the DocStore system, where deletion is automated, will significantly improve provision under this element. In the meanwhile, the authority will engage in an awareness raising campaign to encourage staff to be mindful of the retention and destruction of records held on the shared drives. The Keeper commends these initiatives and asks that he be kept informed of both the awareness campaign and the migration of records onto the</p>	<p>Work around data cleansing continues. The Corporate Records Manager has created an audit tool based upon the PRSA elements for departments to use to audit their current compliance and help identify areas of concern and collections of records that should be included on the IAR.</p> <p>Walkabouts have ceased for now due to Covid regulations and reducing footfall.</p> <p>The launch of the updated records retention policy has resulted in a number of enquiries from teams looking to properly review their</p>	<p>The Assessment Team thank NHST for this update.</p> <p>Further development of support to assist staff with data cleansing work and compliance is apparent with the newly created audit tool. Support for staff engaging with and implementing the updated records retention policy is also noted.</p> <p>It is understandable that the previous methods used to carry out checks of physical records storage (walkabouts) have been suspended while Covid-19 workplace restrictions are in place.</p>	<p>Work around promoting data cleansing is ongoing and it is anticipated this would always be an ongoing piece of work in an organisation the size of NHS Tayside.</p> <p>No pro-active work has been undertaken in this period, again due to resource, however reactive work to enquiries and support requests from departments and teams has continued.</p> <p>With the impending move to</p>	<p>Thank you for updating the Assessment Team on NHS Tayside's record destruction arrangements.</p> <p>As stipulated by Section 1(2)(b)(iii) of the Act, an authority's RMP must demonstrate that proper destruction arrangements are in place. While no new work on improving the practical implementation of data cleansing has been implemented, it is clear</p>

				<p>DocStore system.</p> <p>The Keeper agrees this element of NHS Tayside's Records Management Plan under 'improvement model' terms. This means that he acknowledges that the authority has identified a gap in provision (manual deletion of electronic records in shared drives may not be suitably controlled). However, they have instigated processes to close that gap (moving shared drives to DocStore and in the interim re-training staff). The Keeper agrees this element on condition that he is kept updated as the project progresses.</p>	<p>retention of documents, and support has been provided to them.</p> <p>Work is being undertaken nationally around an agreed national approach to properly managing records created in responding to the pandemic. Locally guidance has been issued to all staff to advise not to delete/destroy anything pandemic related until a framework is in place for longer term review and management of these records.</p>	<p>The Assessment Team note NHST staff have been provided with guidance in relation to retaining records of the pandemic pending a planned national NHS approach to managing these records.</p> <p>This element remains at Amber with the possibility that, if this were a formal resubmission, sufficient guarantees and evidence might be provided to turn it 'green'.</p>	<p>M365 it is anticipated that this work will increase in the period.</p>	<p>that NHS Tayside continues to support its staff on a reactive basis. Alongside the upcoming move to M365, which will likely take a considerable amount of time to bed in properly, destruction arrangements will likely continue to be a focus for some time.</p> <p>This Element will remain at Amber while the work is ongoing.</p>
7. Archiving and Transfer	A	A	A	<p>NHS Tayside has identified the University of Dundee Archive Service as an appropriate place of deposit for these records. The Keeper agrees the suitability of this repository and recognises that historic arrangements are in place. However, due to the informal and outdated nature of these arrangements, the Keeper recommends that a dialogue between these two bodies should commence as soon as practicable. NHS Tayside have notified the Keeper that there is an on-going action point to formalise the transfer arrangements, which the Keeper commends.</p> <p>The Keeper is able to agree this element of NHS Tayside's Records Management Plan under 'improvement model' terms. This means that he acknowledges that an authority has identified a gap in their records management provision (in this case the archiving agreement is out of date), but has put appropriate processes in place to close that gap. His agreement is conditional on him being supplied with an updated MoU or similar document showing the current arrangements between NHS Tayside and Dundee University Archives. NHS Tayside have made a commitment to sharing this document with the Keeper when available.</p>	<p>This work has not progressed since the last update due to Covid pressures within the service. Plans to resurrect this work going forward.</p>	<p>The impact of the Covid-19 pandemic on planned projects is understandable. We are confident work will resume to finalise the draft MOU when practicable.</p> <p>The Keeper would still be able to agree this element of NHS Tayside's Records Management Plan under 'improvement model' terms. This means that he acknowledges that an authority has identified a gap in their records management provision (in this case the MoU with the University is not fully agreed), but has put appropriate processes in place to close that gap.</p> <p>We look forward to notification of progress in future PUR submissions.</p>	<p>Nothing further to report as the pandemic continues to force us to prioritise other pieces of work.</p>	<p>Thank you for letting us know that, regrettably though understandably, there has been no progress in the formalisation of transfer arrangements. The Assessment Team would like to encourage NHS Tayside to proceed with this as soon as practicable, and looks forward to updates in consecutive PURs.</p> <p>This Element will remain at Amber.</p>
8. Information Security	G	G	G	<p>NHS Tayside currently operate an Information Security Policy Framework consisting of a suite of policies and procedures. An Action Plan 2015-17 aims to bring the Board up to the ISO 27001 standard. The</p>	<p>The Network and Information Security Regulations 2018 (NIS Regulations) desktop audit was conducted by the Competent Authority. An interim audit report was received on 6 November 2020</p>	<p>Thank you for this update confirming the completion of the Network and Information Security Regulations 2018 (NIS Regulations) desktop audit and the assigned compliance status from</p>	<p>The Final Audit Report is the completion of last year's interim report which was finalised on 10 August 2021 when the auditor for the Competent Authority met</p>	<p>The Assessment Team is grateful for this positive update on information security procedures in place. Reaching the next</p>

				<p>Keeper commends this endeavour and asks that the authority forwards documents relevant to the upgraded security provision when they become available.</p> <p>There is also a commitment to promote effective confidentiality and security practice amongst staff and to establish and maintain incident reporting procedures and investigate instances of actual or potential breaches. The Keeper welcomes this commitment and asks that he be kept informed of the progress of this work.</p> <p>The Keeper agrees that NHS Tayside have current arrangements in place to ensure that records are held securely as required by the Act. However, he notes that "there are a number of new things to be undertaken" as part of the Information Security Framework (Report on Information Security Framework to Information Governance Committee, 6 May 2015) and looks forward to regular updates.</p>	<p>indicating an overall compliance status of 50% (Amber).</p> <p>The interim audit made a number of recommendations. An Action Plan has been developed by the Information Governance and Cyber Assurance Team and is being actioned through the Cyber Resilience Governance Group. Progress against recommended management actions will be reported to the Information Governance and Cyber Assurance Committee and will be monitored through the Audit and Risk Committee.</p>	<p>the interim report.</p> <p>It appears NHST have responded appropriately to the results by establishing an action plan and mechanism for reporting and monitoring.</p> <p>For review see element 13 below.</p>	<p>with key individuals from NHS Tayside.</p> <p>The NIS Review Report addresses the improvements made following the recommendations contained within the interim report.</p> <p>NHS Tayside's overall compliance status has increased from 50% to 55%.</p> <p>Good progress has been made in the recommendations and controls implementation:</p> <p>72% of the recommendations are completed or in progress</p> <p>69% of the controls have been achieved or partially achieved</p> <p>The risk exposure of the Board has been reduced from 21% to 16%. The risk exposure is defined by % proportion of controls identified as <30% compliant, i.e. black (critical) and red (urgent) compliance ratings.</p> <p>The NIS Action Plan is currently being updated. This will contain named leads who will take outstanding NIS audit controls and recommendations from the NIS Review Report forward and provide evidence against them within realistic timescales.</p>	<p>stage in the gradual audit process is great news, and shows that NHS Tayside continues to appropriately act on recommendations to improve compliance.</p> <p>The NIS Review Report figures shared indicate that clear progress has been made in the direction. This is a very positive indication of the direction taken.</p>
9. Data Protection	G	G	G	Update required on any change.	All policies and guidance are up to date and NHS Tayside Information Governance Team continues to promote, monitor and provide data protection advice to the organisation.	<p>Thank you for confirmation all policies and guidance remain up to date.</p> <p>Update required on any change.</p>	All policies and guidance are up to date and NHS Tayside Information Governance Team continues to promote, monitor and provide data protection advice to the organisation.	<p>The Assessment Team thanks you for this update on how NHS Tayside continues to adhere to Data Protection legislation and appropriately promote good practice within the organisation.</p> <p>Update required on any change.</p>
10. Business	G	G	G	The Keeper notes a statement in the Plan that TrakCare will, when	This is ongoing, no update.	The Assessment Team acknowledge work remains	This is ongoing, no update.	Update required on any change.

Continuity and Vital Records				adopted, "deliver suitable Disaster Recovery and Business Continuity Plans". He requires an update, when appropriate, of how this alters the Board's submission under Element 10.		ongoing. We look forward to updates in future PUR submissions.		
11. Audit Trail	A	A	A	<p>Tracking functionality forms part of the line of business systems operated by NHS Tayside and examples have been supplied. As one of these, TrakCare, will not be fully deployed in the authority until March 2017 the Keeper requests that he is notified once this system is fully operational.</p> <p>NHS Tayside recognise audit trail challenges for records stored in the shared drives. Work will be undertaken to structure these drives before merging them the DocStore system. The Keeper agrees that this project, alongside the wider BCS/IAR work, will greatly improve provisions in this area. As such he would welcome updates on these developments.</p> <p>The Keeper agrees this element of NHS Tayside's Records Management Plan under 'improvement model' terms. This means that he acknowledges that an authority has identified a gap in their records management provision (in this case around "long term management of organisational shared drives" – Plan element 11 actions). He notes that NHS Tayside have implemented appropriate programmes to close that gap. The Keeper's agreement is conditional on him being updated as the project progresses.</p>	No further update on this is required as situation remains as previously with work in reviewing shared drive usage and management continuing organisation wide in preparation for full move to O365.	<p>The Assessment acknowledge that work will be ongoing for some time around the preparations for migration to O365. We also note the progress being made with developing the IAR, see elements 4 and 5.</p> <p>We look forward to updates on progress in future PUR submissions.</p> <p>This element remains at Amber.</p>	No further update on this is required as situation remains as previously with work in reviewing shared drive usage and management continuing organisation wide in preparation for full move to O365.	<p>Thank you for letting us know that there is very little to update with regard to audit trails and actions taken to maintain a complete and accurate representation of all changes that occur in relation to a particular record. The upcoming move to M365 will have major implications for this, and we look forward to hearing how this progresses in consecutive PURs.</p> <p>This Element will remain at Amber.</p>
12. Competency Framework	G	G	G	Update required on any change.	<p>The Corporate Records Manager has recently completed and achieved the Practitioner Certificate In Scottish Public Sector Records Management.</p> <p>No work has progressed on the addition of a Learnpro.</p>	<p>Thank you for this update and congratulations on the Corporate Records Manager's successful completion of the Practitioner Certificate in Scottish Public Sector Records Management.</p> <p>We note that no further progress has been made with regard to LearnPro.</p>	No change to report.	Update required on any change.
13. Assessment and Review	G	G	G	A formal review of the Plan will take place before April 2018, whilst the NHS Tayside Corporate Records and Web Manager will undertake regular reviews in the meanwhile and shall report progress to the Corporate	Records Management progress continues to be featured within a report to every meeting of the Information Governance and Cyber Assurance Committee.	The Assessment Team acknowledge that regular review and assessment continues with reporting to the Information Governance and Cyber Assurance Committee.	Records Management progress continues to be featured within a report to every meeting of the Information Governance and Cyber Assurance Committee.	Thank you for this update on continuing monitoring of records management progress within the authority. It is good to

				<p>Records Compliance Group. There are also commitments to carry out or commission internal audits of the records management arrangements and progress of the implementation of the Plan. Individual policies supporting these provisions have been assigned scheduled review dates.</p> <p>The Keeper commends these endeavours and requests that he is provided with updated policy documents when available, in order that he may keep the NHS Tayside submission up-to-date.</p>	<p>NHS Tayside continues to choose to participate in the PUR process which will assist in reviewing and taking stock of current provision.</p>	<p>Updates to policies and supporting documentation in response to new national NHS Scotland Records Management Guidance are reported under elements 3 and 5.</p> <p>The Network and Information Security Regulations 2018 (NIS Regulations) desktop audit carried out in 2020 and the subsequent action plan is further indication of NHST's commitment to review and assessment (see element 8).</p> <p>The Assessment Team remain confident regular review and assessment of information governance policies and procedures continues to be undertaken by NHST. This is reinforced by the continued participation in the PUR process.</p>	<p>NHS Tayside continues to choose to participate in the PUR process which will assist in reviewing and taking stock of current provision.</p>	<p>hear that this continues to be a standing issue at the IG & Cyber Assurance Committee.</p> <p>The Assessment Team would also like to acknowledge that NHS Tayside continues to participate in the PUR process. This is very positive, and shows commitment to continuous monitoring and improvement.</p>
14. Shared Information	G	G	G	Update required on any change.	No update.	Update required on any change.	No update.	Update required on any change.

7. The Public Records (Scotland) Act Assessment Team's Summary

Version

The progress update submission which has been assessed is the one received by the Assessment Team on 8 February 2022. The progress update was submitted by Lynda Petrie, Corporate Records Manager.

The progress update submission makes it clear that it is a submission for **NHS Tayside**.

The Assessment Team has reviewed NHS Tayside's Progress Update submission and agrees that the proper record management arrangements outlined by the various elements in the authority's plan continue to be properly considered. The Assessment Team commends this authority's efforts to keep its Records Management Plan under review.

General Comments

NHS Tayside continues to take its records management obligations seriously and is working to bring all elements into full compliance.

Section 5(2) of the Public Records (Scotland) Act 2011 provides the Keeper of the Records of Scotland (the Keeper) with authority to revisit an agreed plan only after five years has elapsed since the date of agreement. Section 5(6) allows authorities to revise their agreed plan at any time and resubmit this for the Keeper's agreement. The Act does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates.

The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

8. The Public Records (Scotland) Act Assessment Team's Evaluation

Based on the progress update assessment the Assessment Team considers that NHS Tayside continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

The Assessment Team recommends authorities consider publishing PUR assessment reports on their websites as an example of continued good practice both within individual authorities and across the sector.

This report follows the Public Records (Scotland) Act Assessment Team's review carried out by



Iida Saarinen
Public Records Support Officer